

Texas Department of Health
Bureau of Emergency Management

§157.130 Emergency Medical Services and Trauma Care System Fund.

- (a) Definitions. The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise.
 - (1) Extraordinary emergency - An event or situation which may disrupt the services of a regional ems/trauma system.
 - (2) Frontier county - A county with a population that averages less than six people per square mile.
 - (3) Rural county - A county with a population of less than 50,000 and that averages more than six people per square mile.
 - (4) Trauma support area - Trauma service area.
 - (5) Urban county - A county with a population of 50,000 or more.
- (b) Reserve. On September 1 of each year, there shall be a reserve of \$250,000 in the emergency medical services (EMS) and trauma care system fund (fund) for extraordinary emergencies. During the fiscal year, distributions may be made from the reserve by the commissioner of health based on requests which demonstrate need and impact on the EMS and trauma care system (system).
- (c) Allotments. The EMS and trauma service area (TSA) allotments shall be 70% and 25%, respectively, of the funds remaining in the fund after any amount necessary to maintain the extraordinary emergency reserve of \$250,000 has been deducted.
 - (1) By August 31 of each year, the bureau of emergency management (bureau) shall determine:
 - (A) eligibility of all EMS providers, regional advisory councils (RACs), trauma facilities, and counties;
 - (B) the TSA and EMS allotments;
 - (C) each county's share of the EMS allotment; and
 - (D) each RAC share of the TSA allotment.

- (2) The bureau shall contract with each county in which eligible EMS providers are based to distribute the EMS allotment. In counties with a population of 291,000 or more, joint authorization of the chief executive of the county and the mayor of the principal municipality in the county is required for disbursement of the county allocation.
 - (3) The bureau shall contract with each county in which a RAC chairperson resides to distribute the TSA allotment. For any RAC whose chairperson resides in a county outside of Texas, the chairperson must appoint another officer of the RAC who resides in a Texas county as his or her representative in order to determine to which county the RAC's share of the TSA allotment shall be distributed.
 - (4) Contracts with the counties shall include at a minimum:
 - (A) a list of eligible participants;
 - (B) a list of eligible expenditures;
 - (C) requirements for reporting; and
 - (D) requirements for returning undisbursed monies to the fund.
 - (5) The county allocations shall be distributed directly to eligible recipients without any reduction in the total amount allocated by the Texas Department of Health (department).
 - (6) The county allocations shall be used as an addition to current county EMS funding of eligible recipients, not as a replacement.
 - (7) The bureau shall investigate all complaints regarding distribution of the EMS and TSA allotments.
- (d) Uncompensated care allotment. The uncompensated care allotment shall be 2.0% of the funds remaining in the fund after any amount necessary to maintain the extraordinary emergency reserve of \$250,000 has been deducted plus any monies not otherwise expended by counties and/or eligible recipients in a given fiscal year.
- (1) Each fiscal year, the bureau shall request proposals to distribute funds from the uncompensated care allotment for uncompensated trauma care provided by designated trauma facilities in either the current or immediately previous fiscal year or innovative projects to enhance the delivery of patient care in the overall system.
 - (2) Contract awards from the uncompensated care allotment shall be made based on, but not limited to:

- (A) demonstration of need and the amount of uncompensated trauma care provided;
 - (B) innovation of proposal;
 - (C) broad system impact;
 - (D) enhancement of system development; and
 - (E) availability of funds.
- (e) Eligibility requirements. To be eligible for funding from the fund, all potential recipients must maintain active involvement in regional system development within all of the TSAs in which they operate. By August 31, 1998, to be eligible for funding from the fund all potential recipients must meet requirements for reports of expenditures from the previous year and planning for use of the funding in the upcoming year.
- (1) To be eligible for funding, an EMS provider must:
- (A) by December 31, 1997, maintain provider licensure as described in §157.11 of this title (relating to Requirements for an EMS Provider License) and provide emergency medical services and/or emergency transfers; and
 - (B) by August 31, 1998;
 - (i) maintain provider licensure as described in §157.11 of this title and provide emergency medical services and/or emergency transfers; and
 - (ii) submit a plan for electronically submitting patient care report data to the RAC regional registry or the department as described in §157.129 of this title (relating to State Trauma Registry).
 - (C) by August 31, 1999;
 - (i) maintain provider licensure as described in §157.11 of this title and provide emergency medical services and/or emergency transfers;
 - (ii) electronically submit at least the essential data set to the RAC regional registry or the department as described in §157.129 of this title; and
 - (iii) demonstrate utilization of the RAC regional protocols regarding patient destination and transport in all TSAs in which they operate.
 - (D) by August 31, 2000, and in subsequent years;

- (i) maintain provider licensure as described in §157.11 of this title and provide emergency medical services and/or emergency transfers;
 - (ii) electronically submit at least the essential data set to the RAC regional registry or the department as described in §157.129 of this title;
 - (iii) demonstrate utilization of the RAC regional protocols regarding patient destination and transport in all TSAs in which they operate; and
 - (iv) demonstrate active participation in the regional system quality improvement (QI) program in all TSAs in which they operate.
- (2) To be eligible for funding, a RAC must:
 - (A) by December 31, 1997;
 - (i) be officially recognized by the department as described in §157.123 of this title (relating to Regional Advisory Councils); and
 - (ii) submit documentation of ongoing system development activity and future planning.
 - (B) by August 31, 1998;
 - (i) be officially recognized by the department as described in §157.123 of this title;
 - (ii) submit documentation of ongoing system development activity and future planning; and
 - (iii) have received approval from the department on at least three of its system plan components as described in §157.124 of this title (relating to Regional EMS/Trauma Systems) to include at least prehospital triage criteria and bypass protocols.
 - (C) by August 31, 1999;
 - (i) be officially recognized by the department as described in §157.123 of this title;
 - (ii) submit documentation of ongoing system development activity and future planning;

- (iii) have implemented a regional registry or submitted to the department documentation that at least 10% of the total number of EMS providers and hospitals in the TSA are electronically submitting the pertinent essential data set to the department as described in §157.129 of this title; and
- (iv) have received approval of its regional system plan from the department.

(D) by August 31, 2000;

- (i) be officially recognized by the department as described in §157.123 of this title;
- (ii) submit documentation of ongoing system development activity and future planning;
- (iii) have implemented a regional registry or submitted to the department documentation that at least 40% of the total number of EMS providers and hospitals in the TSA are electronically submitting the pertinent essential data set to the department as described in §157.129 of this title; and
- (iv) have demonstrated that a regional system QI process is ongoing.

(3) To be eligible for funding, a trauma facility must maintain its designation status.

(f) Calculation of county shares.

(1) EMS allotment for FY 1998 and FY 1999.

- (A) Counties will be classified as urban, rural, or frontier based on the latest official federal census population figures.
- (B) The EMS allotment will be divided into allocations for urban, rural, and frontier counties based on the percentage of each type of county in the state.
- (C) An individual county's share of the EMS allotment shall be based on its relative geographic size and population as compared to all other counties of its classification.
- (D) The formula shall be: (((the county's percentage of the classification group's population) plus (the county's percentage of the classification group's geographic size) divided by 2)) times (the total classification group's allocation).

(2) EMS allotment after August 31, 1999. Should the legislature allocate funds, they will be distributed as follows:

- (A) The counties will not be divided into classifications.
 - (B) Each individual county's share shall be based on its relative geographic size, population and number of emergency runs as compared to all other counties.
 - (C) The formula shall be: (((the county's percentage of state population) plus (the county's percentage of the state's geographic size) plus (the county's percentage of total state emergency health care runs)) divided by 3) times the total EMS allotment. Total emergency health care runs shall be the number of emergency runs electronically transmitted to the department in a given year by EMS providers.
- (3) TSA allotment.
- (A) A RAC's share of the TSA allotment shall be based on its relative geographic size and population as compared to all other TSAs.
 - (B) The formula shall be: (((the TSA's percentage of the state's population) plus (the TSA's percentage of the state's geographic size)) divided by 2) times (the total TSA allotment).
 - (C) After August 31, 2000, a RAC's share of the TSA allotment shall be based on its relative geographic size, population, and trauma care provided as compared to all other TSAs.
 - (D) The formula shall be: ((the TSA's percentage of the state's population) plus (the TSA's percentage of the state's geographic size) plus (the TSA's percentage of the state's total trauma care) divided by 3)) times (the total TSA allotment). Total trauma care shall be the number of major and severe trauma patient records electronically transmitted to the department in a given year by EMS providers and hospitals.
- (g) Loss of funding eligibility. If the department finds that a county, EMS provider, RAC, or trauma facility has violated the Health and Safety Code, §773.122 or fails to comply with this section, the department may withhold fund monies for a period of one to three years depending upon the seriousness of the infraction.